

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1.	/						51		
2.							52		
3.							53		
4.	2						54		
5.	5						55		
6.	2						56		
7.	2						57		
8.							58		
9.							59		
10.							60		
11.							61		
12.							62		
13.							63		
14.							64		
15.							65		
16.							66		
17.							67		
18.							68		
19.							69		
20.							70		
21.							71		
22.							72		
23.							73		
24.							74		
25.							75		
26.							76		
27.							77		
28.							78		
29.							79		
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31.							81		
32.							82		
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34.							84		
35.							85		
36.							86		
37.							87		
38.							88		
39.							89		
40.							90		
41.							91		
42.							92		
43.							93		
44.							94		
45.							95		
46.							96		
47.							97		
48.							98		
49.							99		
50.							100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS	18	10	10	10	10	10	TOTAL CLAIMS	10	